

STATEMENT OF ORGANIZATION

(see reverse side for instructions)

RECEIVED
FEC MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Donna 2002 Congressional Campaign Committee		2. DATE April 17 2002
(b) Number and Street Address 1102 Richmond Suite 7		3. FEC Identification Number 441600054
(c) City, State and ZIP Code Christened, St. Croix USVI 00820		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

6. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|---|---|---------------------------------------|------------------------|
| Name of Candidate
Donna M. Christensen | Candidate Party Affiliation
Democrat | Office Sought
Delegate to Congress | State/District
USVI |
|---|---|---------------------------------------|------------------------|
- (c) This committee supports/opposes only one candidate Donna M. Christensen and is NOT an authorized committee (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization:
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records. (Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.)

Full Name	Mailing Address	Title or Position
Matthew Selwyn Williams	1102 RICHMOND SUITE 7 ST. CROIX USVI 00820	CAMPAIGN CHAIRMAN

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Carol Lohan	P.O. Box 2101 St. Croix USVI 00820	(Treasurer)

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
The Chase Manhattan Bank	Chase Manhattan Bank Orange Grove Branch St. Croix USVI 00820

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Carol Lohan	SIGNATURE OF TREASURER <i>Carol Lohan</i>	DATE 4-9-02
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NOTE: Submission of false, fraudulent, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2002-04-17 10:54:00 AM